PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10808551

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			26					RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			21 minus 20=		* (X\$ 9=		OR	X\$18=	108	
INDEPENDENT CLAIMS			∫ m	inus 3 =	*			X43=		OR	X86=	-	
MULTIPLE DEPENDENT CLAIM PR			RESENT					+145=		OR	+290=		
* If	the difference	e in column 1 is	less than ze	ero, enter	"0" in c	column 2	ł	TOTAL		OR	TOTAL	878	
	C		MENDEC	MENDED - PART II				SMALL	ENTITY	OR	OTHER SMALL		
		(Column 1)	,	(Colum		(Column 3)	4 -	SIVIALL		Un	SWINLL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL FEE	
NON	Total .	*	Minus	**				X\$ 9=		OŖ	X\$18=		
AME	Independent	*	Minus	***		=		X43=		OR	X86=		
ليا	FIRST PHESE	ENTATION OF MU	JLTIPLE DE	PENDENT	CLAIM			+145=		OR	+290=		
					٠		L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	ì	
	(Column 1) (Column 2) (Column 3)								.,-	-			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	· .	RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent			ENDENT OLAIM		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	:	OR	+290=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
					_								
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			+290=		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							TOTAL		OR (TOTAL		
***	the 'Highest Nur	mber Previously Pai mber Previously Paid ber Previously Paid	id For" IN THIS	SPACE is	less than	1 3, enter "3."	<i>,</i> , ,	DDIT. FEE L id in the appi	ropriate box	. ,	ADDIT, FEE L Jmn 1.		